INDEPENDENT SCHOOL DISTRICT OF BOISE CITY
PARENT CONTACT - STUDENTS WITH ASTHMA

Date _____ School _____ Grade _____

Dear Parent/Guardian:

We are reviewing health records for students with asthma. You have indicated that this student has asthma. To update our health records, we need you direction as to how to help this student should he/she have an asthmatic attack at school. We would appreciate your completing the following form.

In the event this student has an asthmatic attack at school, he/she will be given emergency assistance and you will be notified immediately. The rescue squad will be called if necessary.

Thank you,

_____
(Signature)

Student's Name _____ DOB _____ H Phone _____

Parent's Name _____ W Phone Mother _____

Address _____ W Phone Father _____

If parents are not available, call _____, _____
(name) (phone)

Physician's name _____ Phone _____

Address _____

Date of last medical assessment for asthma? _____

Date of next scheduled doctor's appointment for asthma follow-up. _____

A. Description of Asthma Attack in your student:

1. Please check which signs and symptoms are usually associated with your student's asthma attack.

   coughing bluish color of skin/nails wheezing
   shortness of breath can not speak whole sentences fear/anxiety
   other: _____

2. Are there any known allergies associated with the asthma condition. If so please identify: _____

3. How often do the asthma attacks occur? _____

4. Please check the usual time of day when the asthma attacks occur.

   Morning Afternoon Evening

5. Does attack start abruptly? _____ Gradually? _____

6. Please check if there are any conditions or circumstances that might bring on an asthma attack.

strenuous exercise emotional stress/upset
cold viruses or upper respiratory infections
abrupt changes in an environment (going from the cold temp. of outdoors to a warm building)
other: _____

B. Recommended Procedures:

1. In the event that your student has any severe or prolonged breathing problems lasting longer than 2 minutes, the usual procedure is to:
   1. Call the Rescue Unit (911) and parent.
   2. Have the student assume a sitting position to make breathing easier.
   3. If the student has medication with him/her at all times and knows what to take, and how to use it, encourage him/her to do so.

2. If you as a parent would like us to take other or include additional steps in helping your student during an asthma attack, please list the steps here:
   _____
   _____

3. Please tell us which hospital you would prefer your student be taken to if he/she needs to be transported _____

C. Medication Information:

1. Name of medication? _____
2. Route of administration (inhaled, oral, etc.) _____
3. At what time(s) taken? _____
4. Dosage? _____
5. Needed at school? *Yes _____ No _____
   If yes, when does medication need to be given? _____
   *Signed parental consent for medication and instructions signed by a physician must be on file at school and updated yearly. (See enclosed)

D. Other Comments:

Please list any special comments/directions you wish us to be aware of regarding your student. (If there are any P.E. limitations, the doctor's written directions must be returned to school.) _____
_____

Parent's signature _____ Date _____